

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **October 16th through 31st, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction		October 22, 2002	
<input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
		F-95-B Amendment #3	
5. APPLICANT INFORMATION			
Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department of Fish and Game	
Address (give city, county, state and zip code): CA Department of Fish & Game Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814		Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		7. TYPE OF APPLICANT: (enter appropriate letter): <u>A</u>	
B. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input checked="" type="checkbox"/> C <input type="checkbox"/>		A. State H. Independent School Dist. B. County I. State Controlled Institution C. Municipal of Higher Learning D. Township J. Private University E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act		9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Santa Clara County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Amendment #3 to Motorboat Access Enhancement Project for Anderson Lake Boat Launching Facility. Requesting an extension to accommodate project construction. No change in costs.	
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 12/03/98	Ending Date 12/31/03	a. Applicant 3	b. Project 16
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$2,303,250.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: <u>OCT. 31, 2002</u>	
b. Applicant		b. NO. _____ PROGRAM IS NOT COVERED BY E.O. 12372 _____ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$767,750.00	17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?	
d. Local		_____ Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
e. Other			
f. Program Income			
g. TOTAL	\$3,071,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Michael F. Harris		b. Title: Deputy Director, Admin.	c. Telephone Number (916) 653-4633
d. Signature of Authorized Representative <i>Michael F. Harris</i>		e. Date Signed 10/28/02	
Approved for the Secretary of the Interior		Date	
Signature		Title: OCT 31 2002	

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Standard Form 424 (REV 4-88)

Prescribed by OMB Circular A-102

STATE CLEARING HOUSE

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 2, 2002	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01451

5. APPLICANT INFORMATION Legal Name: California - Department of Parks and Recreation Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento California 06 94296-0001		Organizational Unit: California Department of Parks and Recreation Name and telephone number of person to be contacted on matters involving this application (give area code): Odel T. King, Jr. (916) 653-8758
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;"> 00-0000000 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; margin: 5px auto;">A</div>	
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right; border: 1px solid black; padding: 2px;"> 15-916 </div> TITLE: Outdoor Recreation - Acquisition, Development & Planning		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Silverwood Lake Dev. Dept. of Boating and Waterways 2000 Evergreen Street, Suite 100 Sacramento, Ca 95815
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-33434		

13. PROPOSED PROJECT Start Date: 10/1/02 Ending Date: 6/30/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 03 b. Project: 35	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 222,309.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>10-30-02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 222,309.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
g. TOTAL	\$ 444,618.00		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Ruth Coleman	b. Title Acting, Director, Parks and Recreation	c. Telephone Number (916) 653-7423
d. Signature of Authorized Representative <i>Ruth Coleman</i>		e. Date Signed <u>8-6-02</u>

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 		Applicant Identifier 			
3. DATE RECEIVED BY STATE 		State Application Identifier 		4. DATE RECEIVED BY FEDERAL AGENCY 		Federal Identifier 	
5. APPLICANT INFORMATION							
Legal Name: Artois Community Services District				Organizational Unit: Water System			
Address (give city, county, State, and zip code): P.O. Box 130 Artois, CA 95988				Name and telephone number of person to be contacted on matters involving this application (give area code) Jack Cavier Jr. (530-934-5654)			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68 - 0455504				7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"> <input checked="" type="checkbox"/> G </div>			
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____				9. NAME OF FEDERAL AGENCY: 			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center;">10 - 760</div> TITLE: Water & Waste Dispsalbas and Grants				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New well pressure tank, Natural Gas generator, fittings.			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Artois Community							
13. PROPOSED PROJECT Start Date Ending Date 5/03 8/03		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project					
15. ESTIMATED FUNDING:				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal		\$ 180,000		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/15/02			
b. Applicant		\$ 20,000					
c. State		\$					
d. Local		\$					
e. Other		\$					
f. Program Income		\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
g. TOTAL		\$ 200,000					
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No							
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.							
a. Type Name of Authorized Representative			b. Title		c. Telephone Number		
Jack Cavier Jr.			Chairman		(530) 934-5654		
d. Signature of Authorized Representative			e. Date Signed				
			9-14-02				

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. Type of Submission <i>Application</i> <i>Preapplication</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. Date Submitted (mm/dd/yyyy) 09/27/02	Applicant Identifier
		3. Date Received by State (mm/dd/yyyy)	State Applicant Identifier
		4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Community Home Partners, LLC	Organizational Unit: Ownership Entity
Address (give city, county, state, and zip code): 675 North First Street, Suite 620 San Jose, CA 95112	Name and telephone number of the person to be contacted on matters involving this application (give area code) Maxine Brookner Phone: 925.606.1600, fax 925.606.1661

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; display: inline-block; padding: 2px;">7</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">7</div> - <div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">4</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">8</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">1</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">4</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">5</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">9</div>	7. TYPE OF APPLICANT: <i>(enter appropriate letter in box)</i> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-left: 10px;">M</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. </div> <div style="width: 48%;"> I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Nonprofit O. Public Housing Agency P. Other (Specify) </div> </div>
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8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">A</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">B</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">C</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">A. Increase Award</div> <div style="width: 30%;">B. Decrease Award</div> <div style="width: 30%;">C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">D. Decrease Duration</div> <div style="width: 30%;">Other (specify):</div> </div>	9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy) <div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">4</div> • <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">3</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">4</div> </div> TITLE: Mortgage Insurance - Section 232	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: See attached Legal Description and Property Description 104-bed assisted living facility, with Dementia component. Additional funding provided by the Santa Clara RDA. Project has reserved 21 beds as affordable.
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12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Santa Clara, Santa Clara County, California	
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13. PROPOSED PROJECT: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Start Date (mm/dd/yyyy) 01/01/03 </div> <div style="width: 45%;"> Ending Date (mm/dd/yyyy) 07/01/04 </div> </div>	14. CONGRESSIONAL DISTRICTS OF: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">a. Applicant</div> <div style="width: 45%;">b. Project</div> </div>
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15. ESTIMATED FUNDING: <div style="border: 1px solid black; height: 100px; display: flex; align-items: center; justify-content: center; font-size: 1.2em;"> Complete form HUD-424-M, Funding Matrix </div>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>DATE (mm/dd/yyyy)</div> <div>N/A</div> </div> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
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17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
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18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative Miriam S. Gill	b. Title Senior Mortgage Analyst	c. Telephone number (Include Area Code) 415.733.1552
d. Signature of Authorized Representative 		e. Date Signed (mm/dd/yyyy) 9/23/02

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Standard Form 424

Prescribed by OMB Circular A-102

PART I - FACESHEET

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction
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2. DATE SUBMITTED TO CORPORATION FOR NATIONAL SERVICE (CNS):	3. a. DATE RECEIVED BY STATE:	3.b. STATE APPLICATION IDENTIFIER:
	4. a. DATE RECEIVED BY CNS:	4.b. CNS GRANT NUMBER: 02SFPCA007

5. APPLICANT INFORMATION

LEGAL NAME: Fresno County Economic Opportunities Commission ORGANIZATIONAL UNIT: Foster Grandparent Program ADDRESS (give street address, city, county, state and zip code): 1920 Mariposa Mall, Suite 330 Fresno, CA 93721 Fresno County	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Victoria Lopes TELEPHONE NUMBER: (559) 263-1533 FAX NUMBER: (559) 263-1540 INTERNET E-MAIL ADDRESS: vicki.lopes@fresnoeoc.org
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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 1606519	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/>
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8. TYPE OF APPLICATION (Check appropriate box): <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):	A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Private Non-Profit Organization O. Other (specify) _____
9. NAME OF FEDERAL AGENCY: Corporation for National Service	

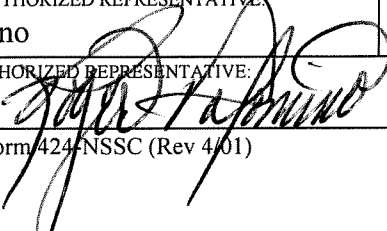
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: RSVP: 94.002 FGP: 94.011 SCP: 94.016 Senior Demonstration: 94.015	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Foster Grandparent Program provides volunteer opportunities for 85 low income persons age 60 and over who volunteer 20 hours/week with at-risk youth.
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12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.): Fresno County California, Contiguous city in Madera County, California

13. PROPOSED PROJECT: START DATE: 01/01/03	END DATE: 12/31/05
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14. ESTIMATED FUNDING: Year 1 of a Three Year Budget	15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. FEDERAL \$ 346,359	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>September 25, 2002</u>
b. APPLICANT \$ 44,163	b. YES. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
c. STATE \$ 35,059	16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
d. LOCAL \$ 26,741	<input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO
e. OTHER \$ 27,742	
f. TOTAL \$ 480,064	

17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Roger Palomino	b. TITLE: Executive Director	c. TELEPHONE NUMBER: (559)-263-1012
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: 	e. DATE SIGNED: 9/23/02	

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: <i>Application</i> <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 11-21-01	F ation Identifier <div style="border: 2px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED OCT 28 2002 STATE CLEARING HOUSE </div>														
		3. DATE RECEIVED BY STATE 		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier													
5. APPLICATION INFORMATION																	
Legal Name SUPERIOR CALIFORNIA ECONOMIC DEVELOPMENT DISTRICT		Organizational Unit 															
Address (give city, county, state, and zip code) 737 Auditorium Drive, Suite A Redding, Shasta County, California 96001		Name and telephone number of the person to be contacted on matters involving this application (give area code) Robert Nash, Executive Officer Phone: (530) 225-2760 Fax: (530) 225-2769 E-Mail: bnash@scedd.org															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6 8 — 0 3 4 3 0 5 1 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): _____															
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in boxes(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: U.S. Department of Commerce Economic Development Administration															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 1 ■ 3 0 2 </div> TITLE: Economic Development Support for Planning Organizations		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Planning and implementation of a long range economic development program which will focus on job retention/creation and economic diversification to alleviate substantial unemployment within the district.															
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Modoc, Shasta, Siskiyou and Trinity Counties in California																	
13. PROPOSED PROJECT: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Start Date 01-01-03</td> <td style="width:50%; border-bottom: 1px solid black;">Ending Date 12-31-03</td> </tr> </table>		Start Date 01-01-03	Ending Date 12-31-03	14. CONGRESSIONAL DISTRICTS OF: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">a. Applicant 2nd (Herger)</td> <td style="width:50%; border-bottom: 1px solid black;">b. Project 2nd (Herger)</td> </tr> </table>		a. Applicant 2 nd (Herger)	b. Project 2 nd (Herger)										
Start Date 01-01-03	Ending Date 12-31-03																
a. Applicant 2 nd (Herger)	b. Project 2 nd (Herger)																
15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">a. Federal</td> <td style="width:80%; border-bottom: 1px solid black;">\$ 60,000</td> </tr> <tr> <td style="border-bottom: 1px solid black;">b. Applicant</td> <td style="border-bottom: 1px solid black;">\$ 20,000</td> </tr> <tr> <td style="border-bottom: 1px solid black;">c. State</td> <td style="border-bottom: 1px solid black;">\$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">d. Local</td> <td style="border-bottom: 1px solid black;">\$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">e. Other</td> <td style="border-bottom: 1px solid black;">\$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">f. Program Income</td> <td style="border-bottom: 1px solid black;">\$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">g. TOTAL</td> <td style="border-bottom: 1px solid black;">\$ 80,000</td> </tr> </table>		a. Federal	\$ 60,000	b. Applicant	\$ 20,000	c. State	\$	d. Local	\$	e. Other	\$	f. Program Income	\$	g. TOTAL	\$ 80,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>10-8-02</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 60,000																
b. Applicant	\$ 20,000																
c. State	\$																
d. Local	\$																
e. Other	\$																
f. Program Income	\$																
g. TOTAL	\$ 80,000																
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED																	
a. Typed Name of Authorized Representative Kenneth Humberston		b. Title President															
d. Signature of Authorized Representative		c. Telephone number (530) 225-2760 e. Date Signed 11-21-02															

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102**Authorized for Local Reproduction**

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 	Applicant Identifier
3. DATE RECEIVED BY STATE 		State Application Identifier 	
4. DATE RECEIVED BY FEDERAL AGENCY 		Federal Identifier 	

5. APPLICANT INFORMATION

Legal Name: Rural Communities Housing Address (give city, county, state, and zip code): 237 E. Gobbi Ukiah, CA. 95482	Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) Duane Hill 707 463 1975 ext. 8
--	---

6. EMPLOYER IDENTIFICATION (EIN): <div style="border: 1px solid black; display: inline-block; padding: 2px;">9</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">4</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">-</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">2</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">3</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">1</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">9</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">8</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">9</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">4</div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; display: inline-block; padding: 2px; float: right;">N</div> <table style="width:100%; font-size: small;"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify)</td> </tr> </table> <div style="clear: both;"></div> Non-Profit Housing Corporation	A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify)
A. State	H. Independent School Dist.														
B. County	I. State Controlled Institution of Higher Learning														
C. Municipal	J. Private University														
D. Township	K. Indian Tribe														
E. Interstate	L. Individual														
F. Intermunicipal	M. Profit Organization														
G. Special District	N. Other (Specify)														

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision

 If Revision, enter appropriate letter(s) in ☐ ☐

A. Increase Award	B. Decrease Award	C. Increase Duration
D. Decrease Duration	Other (specify):	

9. NAME OF FEDERAL AGENCY:
 U.S. Department of Agriculture
 Rural Development Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1

0

-

7

6

6

TITLE:
 Communities Facilities Loan

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Communities Facilities Loan

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)
 Ukiah; Mendocino County;
 California

13. PROPOSED PROJECT <table style="width:100%; font-size: x-small;"> <tr> <td style="width:20%;">Start Date</td> <td style="width:20%;">Ending Date</td> <td style="width:60%;">a. Applicant</td> </tr> <tr> <td>2/1/03</td> <td>7/31/03</td> <td>2nd</td> </tr> </table>	Start Date	Ending Date	a. Applicant	2/1/03	7/31/03	2nd	14. CONGRESSIONAL DISTRICTS OF: <table style="width:100%; font-size: x-small;"> <tr> <td style="width:20%;">b. Project</td> <td style="width:80%;">2nd</td> </tr> </table>	b. Project	2nd
Start Date	Ending Date	a. Applicant							
2/1/03	7/31/03	2nd							
b. Project	2nd								

15. ESTIMATED FUNDING <table style="width:100%; font-size: x-small;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:20%;">\$</td> <td style="width:60%;">775,000</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. Total</td> <td>\$</td> <td>775,000 0.00</td> </tr> </table>	a. Federal	\$	775,000	b. Applicant	\$		c. State	\$		d. Local	\$		e. Other	\$		f. Program Income	\$		g. Total	\$	775,000 0.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 10/28/02 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO
a. Federal	\$	775,000																				
b. Applicant	\$																					
c. State	\$																					
d. Local	\$																					
e. Other	\$																					
f. Program Income	\$																					
g. Total	\$	775,000 0.00																				

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Duane Hill	b. Title Executive Director	c. Telephone Number 707 463 1975 x. 8
d. Signature of Authorized Representative 		e. Date Signed 10/22/02

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

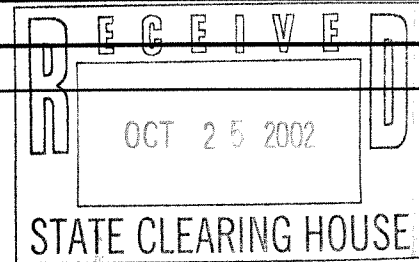
Application for Federal Assistance

Comments answered

Recipient ID:	5448
Recipient Name:	YOLO COUNTY TRANSPORTATION DISTRICT
Project ID:	CA-90-Y165
Budget Number:	1 - Budget Pending Approval
Project Information:	transit planning, capital projects

Part 1: Recipient Information

Project Number:	CA-90-Y165
Recipient ID:	5448
Recipient Name:	YOLO COUNTY TRANSPORTATION DISTRICT
Address:	350 INDUSTRIAL WAY , WOODLAND, CA 95776 0000
Telephone:	(530) 661-0816
Facsimile:	(530) 661-1732



Union Information

No information found.

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$1,222,703
Project Number:	CA-90-Y165	Adjustment Amt:	\$0
Project Description:	transit planning, capital projects	Total Eligible Cost:	\$1,222,703
Recipient Type:	Other Governmental Organization	Total FTA Amt:	\$978,162
FTA Project Mgr:	Philoki Barros	Total State Amt:	\$0
Recipient Contact:	Martie Dote	Total Local Amt:	\$244,541
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	None Specified	Special Cond Amt:	\$0

Fed Dom Asst. #:	None Specified	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jul. 01, 2002 - Jun. 30, 2003	Est. Oblig Date:	01-Sep-2002
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	Not Applicable	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Jul. 31, 2002		
Program Page:	.		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60000	CALIFORNIA

Congressional Districts

State ID	District Code	District Official
6	3	Doug Ose
6	4	John T Doolittle

Project Details

Using urban formula (Section 5307) funds for YCTD 2002/03 budget year, transit planning (Yolobus service planning), preventive maintenance and capital overhauls, ADA operating assistance, corridor study consultant (four-county study in the I80 corridor for regional rail service), maintenance truck and maintenance facility improvements and equipment, and passenger amenities for various Yolobus stops (shelters, benches and pull-outs).

Part 3: Budget

Project Budget

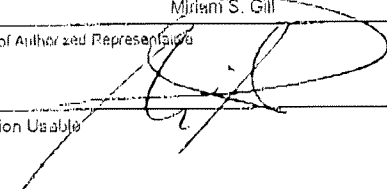
	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
442-00 METROPOLITAN PLANNING	0	\$108,162	\$135,203
ACTIVITY			

OMB Approval No. 0348-0043

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. Type of Submission Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. Date Submitted (mm/dd/yyyy) 09/27/02	Applicant Identifier
3. Date Received by State (mm/dd/yyyy)		State Applicant Identifier	
4. Date Received by Federal Agency (mm/dd/yyyy)		Federal Identifier	

RECEIVED
OCT 23 2002
STATE CLEARING HOUSE
Ownership Entity

5. APPLICANT INFORMATION		
Legal Name: Community Home Partners, LLC	Organizational Unit: Ownership Entity	
Address (give city, county, state, and zip code): 675 North First Street, Suite 620 San Jose, CA 95112	Name and telephone number of the person to be contacted on matters involving this application (give area code): Maxine Broekner Phone: 925.806.1600, fax 925.806.1661	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77 - 0481459	7. TYPE OF APPLICANT: (enter appropriate letter in box) M A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Nonprofit O. Public Housing Agency P. Other (Specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):	9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy) 14 - 134 TITLE: Mortgage Insurance - Section 232	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: See attached Legal Description and Property Description 104-bed assisted living facility, with Dementia component. Additional funding provided by the Santa Clara RDA. Project has reserved 21 beds as affordable.	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Santa Clara, Santa Clara County, California		
13. PROPOSED PROJECT: Start Date (mm/dd/yyyy): 01/01/03 Ending Date (mm/dd/yyyy): 07/01/04	14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project	
15. ESTIMATED FUNDING: Complete form HUD-424-M, Funding Matrix	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE (mm/dd/yyyy) N/A b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative: Miriam S. Gill	b. Title: Senior Mortgage Analyst	c. Telephone number (Include Area Code): 415.733.1552
d. Signature of Authorized Representative: 		e. Date Signed (mm/dd/yyyy): 9/23/02

Previous Edition Usable
(7/97)

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Standard Form 424

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

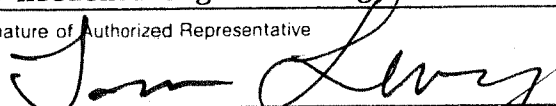
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 28, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: County of Colusa		Organizational Unit: Migrant Housing
Address (give city, county, State, and zip code): 100 Sunrise blvd., Suite F Colusa, CA 95932		Name and telephone number of person to be contacted on matters involving this application (give area code) Harry A. Krug, 530-458-0580
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 914-6000508		7. TYPE OF APPLICANT: (enter appropriate letter in box) B
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-405		9. NAME OF FEDERAL AGENCY: U.S.D.A. Rural Development
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Williams, County of Colusa, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Williams Agricultural Farm Labor Housing

13. PROPOSED PROJECT Start Date: 1/1/03 Ending Date: 12/31/03		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 3 b. Project: 3	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 3,000,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 5,000 ⁰⁰		
c. State	\$ 2,000,000 ⁰⁰		
d. Local	\$ 400,000 ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 5,405,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Harry A. Krug	b. Title Director of Migrant Housing	c. Telephone Number (530) 458-0580
d. Signature of Authorized Representative 		e. Date Signed 5/28/02

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
5. APPLICANT INFORMATION					
Legal Name: Coachella Valley Water District			Organizational Unit: Stormwater Unit		
Address (give city, county, state, and zip code): Post Office Box 1058 Coachella, California 92236 Riverside County			Name and telephone number of the person to be contacted on matters involving this application (give area code) Patti Schwartz, Principal Stormwater Engineer (760) 398-2661 ext. 270		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 5 - 6 0 0 0 8 2 7 </div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) G		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District		
			H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____		
9. NAME OF FEDERAL AGENCY: USDA, Natural Resource Conservation Service					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 9 0 4 </div>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Oasis Area Drainage Basin (Description Attached)		
TITLE: Watershed Protection and Flood Prevention			<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED OCT 22 2002 STATE CLEARING HOUSE </div>		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Oasis area in Riverside County, California					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date n/a	Ending Date n/a	a. Applicant U.S. Representative Mary Bono		b. Project U.S. Representative Mary Bono	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ not yet determined .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____			
b. Applicant	\$ " " " .00				
c. State	\$ " " " .00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$ " " " .00				
e. Other	\$ " " " .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
f. Program Income	\$ " " " .00				
g. TOTAL	\$ " " " .00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED					
a. Typed Name of Authorized Representative See Attached Signature Pages		b. Title General Manager-Chief Engineer		c. Telephone number (760) 398-2651	
d. Signature of Authorized Representative 				e. Date Signed 10/7/02	

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED October 14, 2002	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: The Regents of the University of California	Organizational Unit: Office of Research
Address (give city, county, State, and zip code): Santa Barbara, Santa Barbara County CA, 93106	Name and telephone number of person to be contacted on matters involving this application (give area code): Wilbert Lick (805) 893-4295

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	5	—	6	0	0	6	1	4	5
---	---	---	---	---	---	---	---	---	---

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____
---	--

8. TYPE OF APPLICATION:

☐ New
 ☐ Continuation
 ☒ Revision

If Revision, enter appropriate letter(s) in box(es) A

A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
 U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

6	6	—	4	6	9
---	---	---	---	---	---

TITLE: Great Lakes Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Sediment Modeling

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Santa Barbara, CA & the Great Lakes, Lake Michigan

13. PROPOSED PROJECT <table style="width:100%;"> <tr> <td style="width:50%;">Start Date 10/1/01</td> <td style="width:50%;">Ending Date 9/30/03</td> </tr> </table>	Start Date 10/1/01	Ending Date 9/30/03	14. CONGRESSIONAL DISTRICTS OF: <table style="width:100%;"> <tr> <td style="width:50%;">a. Applicant 22</td> <td style="width:50%;">b. Project 22</td> </tr> </table>	a. Applicant 22	b. Project 22
Start Date 10/1/01	Ending Date 9/30/03				
a. Applicant 22	b. Project 22				

15. ESTIMATED FUNDING:

a. Federal	\$	70,012	.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	70,012	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 10/11/02

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Karen T. Hanson	b. Title Assoc. Dir. Sponsored Projects	c. Telephone Number (805) 893-3890
d. Signature of Authorized Representative 		e. Date Signed OCT 14 2002

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 10/17/02	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Proteus, Inc.	Organizational Unit: Special Programs Dept.
Address (give city, county, State, and zip code): 1830 N. Dinuba Blvd. Visalia, CA 93291	Name and telephone number of person to be contacted on matters involving this application (give area code) <div style="text-align: right;">Eddie Jimenez (559) 733-5423</div>
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;"> 94 — 2184330 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; padding: 2px;">N</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-profit</u> organization </div> </div>
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">A. Increase Award</div> <div style="width: 30%;">B. Decrease Award</div> <div style="width: 30%;">C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">D. Decrease Duration</div> <div style="width: 30%;">Other(specify):</div> <div style="width: 30%;"></div> </div>	9. NAME OF FEDERAL AGENCY: <div style="text-align: center;">EPA</div>
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right; border: 1px solid black; padding: 2px;">66 — 715</div> TITLE: <u>Childhood Lead Poisoning Prevention Outreach Grant</u>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Childhood Lead Poisoning Prevention Program
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tulare, Kings, Kern and Fresno counties	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date Jan 2003	Ending Date Dec 2003
a. Applicant 18, 19, 20 and 21	
b. Project 18, 19, 20 and 21	
15. ESTIMATED FUNDING:	
a. Federal	\$ 25,000 .00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 25,000 .00
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <div style="text-align: right;">DATE <u>10/17/02</u></div> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative Michael E. McCarin	b. Title Chief Executive Officer
c. Telephone Number (559) 733-5423	
d. Signature of Authorized Representative 	
e. Date Signed 10/14/02	

DOT

U.S. Department of Transportation

FTA

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1647	<div>RECEIVED</div> <div>OCT 21 2002</div> <div>STATE CLEARING HOUSE</div>
Recipient Name:	CITY OF CULVER CITY	
Project ID:	CA-90-Y189	
Budget Number:	1 - Budget Pending Approval	
Project Information:	6 30` CNG buses; AVL; prev. mainten	

Part 1: Recipient Information

Project Number:	CA-90-Y189
Recipient ID:	1647
Recipient Name:	CITY OF CULVER CITY
Address:	4343 Duquesne Avenue , CULVER CITY, CA 90232 3576
Telephone:	(310) 253-6500
Facsimile:	(310) 253-6513

Union Information

Recipient ID:	1647
Union Name:	CULVER CITY EMPLOYEES ASSOCIATION
Address 1:	9770 Culver Boulevard
Address 2:	Post Office Box 507
City:	Culver City, CA 90232 0507
Contact Name:	Fred Deimel
Telephone:	(310) 253-5790
Facsimile:	(310) 253-5785

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$5,381,000
Project Number:	CA-90-Y189	Adjustment Amt:	\$0
Project Description:	6 30` CNG buses; AVL; prev. mainten	Total Eligible Cost:	\$5,381,000

Recipient Type:	City	Total FTA Amt:	\$4,475,000
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	Andre Colaiace	Total Local Amt:	\$906,000
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	None Specified	Special Cond Amt:	\$0
Fed Dom Asst. #:	None Specified	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jan. 01, 2003 - Dec. 31, 2003	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	Nov. 01, 2002	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 04, 2002		
Program Page:	8-11		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES, CA
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	32	Diane E Watson

Project Details

The City is requesting \$1,247,000 in federal assistance for the procurement of 4 (four) replacement 30' CNG buses to replace existing buses in its fleet. The TIP project ID No. is LAOB404.

The funding breakdown for this project is as follows:
 FTA Section 5307 \$1,247,000
 TDA Art IV Capital \$192,000
 MSRC Local Match \$120,000

DRAFT**PART I - FACE SHEET****APPLICATION FOR FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION:

Non-Construction

OCT 21 2002

2a. DATE SUBMITTED TO CORPORATION
FOR NATIONAL AND COMMUNITY
SERVICE (CNCS):

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:

038R026622

4. DATE RECEIVED:

GRANT NUMBER:

02SRPCA009

5. APPLICATION INFORMATION

LEGAL NAME: CITY OF OXNARD RECREATION DIV

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give
area codes):

NAME: Jo A. Roach

TELEPHONE NUMBER: 805-385-8023

FAX NUMBER: 805-385-7494

INTERNET E-MAIL ADDRESS: joanne.roach@ci.oxnard.ca.us

ADDRESS (give street address, city, state and zip code):

350 North C St
Oxnard CA 93030

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

956000756

7. TYPE OF APPLICANT:

7a. Local Government - Municipal

7b. Local Government, Municipal

8. TYPE OF APPLICATION:

☐ NEW☒ CONTINUATION☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Oxnard RSVP

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

Oxnard, Pt. Hueneme, Camarillo, Ventura, all in west-central Ventura County

13. PROPOSED PROJECT: START DATE: 01/01/03

END DATE: 12/31/03

14. PERFORMANCE PERIOD: START DATE:

END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL	\$ 50,788.00
b. APPLICANT	\$ 66,827.00
c. STATE	\$ 0.00
d. LOCAL	\$ 0.00 5,900
e. OTHER	\$ 0.00 61,827
f. PROGRAM INCOME	\$ 0.00
g. TOTAL	\$ 117,615.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?☒ YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
REVIEW ON:
DATE: 18-OCT-02

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation. ☒ NO18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Jacelyn B. Peterson

b. TITLE:

Senior Services Supervisor

c. TELEPHONE NUMBER:

805-385-8019

d. DATE: